

Chesterfield Community Services Board Mental Health Support Services FY06 Performance Analysis



***“Charting a Course Toward Improving
The Lives of Our Citizens”***

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Message From The Executive Director

On behalf of the Chesterfield Community Services Board and the dedicated staff of Chesterfield County Mental Health Support Services, we are pleased to present our annual report for fiscal year 2006. This year's report reflects our continuing emphasis on using our strategic goals as our organization's roadmap, and measuring our success based on our key indicators. As you review this report you will also note our continued emphasis on performance and accomplishments.

- We have continued our efforts to provide an environment that encourages consumer recovery and empowerment. Over the past year, two more consumers, who have graduated from an employment training program, have been hired as staff.
- Major improvement projects include developing an electronic medical record system, implementing a STAR team to assist consumers with serious mental illness, creating a more integrated response to consumers with mental retardation who are having a crisis, and expand the team of clinicians who use best practices to respond to individuals who have a history of trauma.
- Our state-of-the art Day Program is now housed at Winchester Greens.
- We continue to plan and work with numerous Chesterfield County departments including the Public Schools, Police, Sheriff, Fire, all Juvenile Service programs, the Adult and Juvenile Court systems, Community Corrections, and Social Services.

The Chesterfield Community Services Board's continued success is due largely to the combination of dedicated, caring staff, excellent working relationships with county government and collaboration with the Chesterfield County Board of Supervisors. Because of our stakeholders and partners, we are a FIRST CHOICE service provider for Chesterfield County residents.

Chesterfield Community Services Board (CSB)

Our Mission:

To promote an improved quality of life for Chesterfield citizens through exceptional and comprehensive mental health, mental retardation, substance abuse, prevention and early intervention services.

Our Vision:

To Be Widely Known As A Highly Effective and Caring Organization

Our Values:

Excellent Customer Service
Community Integration
Self-determination
Accessible Services
Integrity
Prevention
Responsive to Community Needs

Chesterfield Community Services Board (CSB) is one of forty (40) Boards in Virginia that offer a comprehensive array of services in mental health, mental retardation, substance abuse, prevention and early intervention services. The CSB is a department of Chesterfield County Government that provides these services to meet the needs of the citizens of Chesterfield County.

The CSB continues to be dedicated to improving the lives of the citizens and the services that are provided. This report is a summary of key initiatives that occurred during the past year, with a focus on service outcomes and improvements that we are sharing with our consumers and their families, key stakeholders, and staff.

Key Services:

Adult and Emergency Services
Chesterfield Employment Services
Chesterfield Infant Program
Child & Adolescent Services
Day Program Services
Families First
Intensive Community Treatment

Medical Services
Prevention Services
Psychiatric Rehabilitative Services
Psychosocial Club House (Chester House)
Residential & Supported Living Services
Service Coordination
Substance Abuse Services

Our Customers:

Number of Citizens Served

Mental Health Services	3,999
Mental Retardation Services	1,880
Substance Abuse Services	1,410
Prevention Services	6,446
Families First	109 families

FY06 Financial Summary:

Revenues

Medicaid	\$11,978,400
Local	8,802,700
State/Federal	6,133,200
Other Payments	2,395,000
Total	\$29,309,300

Expenditures by Program

Residential & Supported Living	\$ 8,716,500
Outpatient Services	5,769,400
Employment	4,792,200
Case Management	3,153,300
Day Services	3,025,400
Emergency	1,690,800
Prevention	1,151,900
Early Intervention	1,009,800
Total	\$29,309,300

FY06 Goals & Accomplishments:

During the past year, the CSB adopted the Balanced Scorecard tool to measure agency outcomes in key areas of Finance, Customer Focus, Service Quality, Risk/Corporate Compliance and Human Resources, which was fully aligned with our agency Strategic Goals. Listed below are some of our accomplishments during the past year as well as our challenges and areas of focus during the next fiscal year.

Goal #1: A Competent Diverse Workforce.

FY06 Agency Accomplishments:

- 843 recognition awards were provided to staff for either going above and beyond in service delivery or for participation on agency project teams.
- Quarterly Customer Service events were held this past year to nominate staff who have demonstrated excellent customer service. 350 employees (61%) were recognized as part of the “STAR” award program.
- 150 staff (26%) have graduated from the County’s TQI University.
- Cultural Competency Committee sponsored two Brown Bag luncheons on Economic/Social Class Issues and Disability Awareness.
- The agency implemented use of the “language line” to provide services to non-English speaking consumers.
- 100% of staff have professional development plans as part of their annual EDPs.

FY07 Challenges & Opportunities for Improvement:

- Staff Turnover Rates

Part time turnover continues to be a problem as the overall year-end result was 30.8%. The highest turnover rates continue to be in the MR Residential program. The program identified one area that appears to have the highest level of turnover – weekend nights. The program will pilot a shift differential for staff that work those shifts to see if this will help retain more employees.

Goal #2: Most Efficient Delivery System for the Investment.

FY06 Agency Accomplishments:

- 98% of budgeted third party revenue was collected which met our goal of collecting at least 97%.
- Expenditure utilization was 99% of budgeted expenditures of \$28,729,000.

- 75% of all programs met their productivity goals; and 100% of the direct service programs achieved their annual targets.
- Developed a comprehensive five year plan for MR Residential services that identified areas for major emphasis and development
- The electronic medical record (eCET) modules were implemented in the Substance Abuse program.
- 95% of progress notes were documented timely supporting the billing process.
- 22 Quality Improvement suggestion forms were submitted by staff identifying ways that processes could be improved or more efficient.
- Medical Services, Psychiatric Rehabilitation Services, Substance Abuse Services, Adult/Emergency Services and Service Coordination worked very hard to assist consumers with Medicare enrollment in the Part D prescription coverage plans program and applying for extra financial assistance.
- The New Chester House building was opened August 2005 and an official open house/dedication ceremony was held in November, 2005.

FY07 Challenges & Opportunities for Improvement:

- Facilities

During FY06, the agency continued to experience critical facility needs for appropriate space to provide services. For example, a major program was developed to assist persons in their recovery efforts, but could not open because of a lack of space; the medical services was in need of additional space for medication storage and physicians' offices; and numerous service programs double staff in offices.

To address this challenge, both a short range and a long range plan was developed during FY06. Two programs will relocate outside of the Rogers Building: Infant and Prevention. Both programs were selected because the majority of their services are community based. In addition, to respond to the special needs of the persons served in the day service program, the agency partnered with a local non-profit to design and construct a specialty facility. The Winchester Greens facility consisting of special therapy room and learning areas is over 8,900 square feet and will serve over 100 persons.

To plan for the long-term needs of the agency, a feasibility study will begin during the 4th quarter of FY07. A professional consultant funded by the Chesterfield County Capital Improvement Project Plan will perform the feasibility study.

- Staff Productivity

Operational Managers of direct service areas are reviewing productivity goals with other similar organizations to determine if goal adjustments may be needed.

- Demand For Services

Demand for Services exceeds the capacity of the agency to provide requested services. Only 27% of programs were able to achieve a demand ratio of 1.0 or less. Case load sizes for two major programs, PRS Case Management and MH Adult Outpatient, exceeds ratios by 63% and 35%. Medical Services ratio of requests for services as compared to staff capacity is 1.49 or 49% higher than the ability to meet requests. The agency is attempting to determine if there are any internal changes that may assist programs in meeting demand. While there may be some efficiencies gained by progressing to a new electronic medical record system and an integrated information system, it is anticipated that the agency will either have to obtain additional resources or evaluate its ability to meet its mission without limiting services.

- Wait Times For Services

Timely access to many services continues to be a challenge. For example, while 92% of adults requesting mental health services are to have an orientation session within 14 days, most wait 28 days for clinical admission to services. Only 17% of requests for specialized child/adolescent services are seen within 14 days for a face-to-face assessment. The wait time is over 40 days, with some cases exceeding 70 days. Medical Services can accommodate only 55% of requests for psychiatric services within 4 weeks. The agency does provide immediate services for any case that needs immediate intervention as determined by our Emergency Services.

- Electronic Medical Record (eCET)

The next phase of eCET is to implement the modules in the AES program beginning the 1st quarter of FY07. There have been concerns over the use of the agency-wide standardized assessment and how it will apply to the AES program without being overly cumbersome and paperwork intensive. To begin revising the assessment module would be counterproductive to the scope of the initial project group and would result in a major delay of the project due to the programming requirements. The project team will continue to deal with these issues.

Goal #3: Satisfied Consumers and Family Members who are Valued Partners.

FY06 Agency Accomplishments:

- 100% of all formal/informal complaints were acknowledged and documented immediately and 75% of those were resolved within 48 hours.
- 86% of programs met their customer satisfaction objectives.
- Consumer response to Post Discharge Follow-up surveys improved from 30% in FY05 to 36% in FY06.

- PRS continues to purchase transportation vouchers for the Access Chesterfield transportation program and provides them to persons served to increase available transportation and further promote community integration and independence. 6,160 vouchers (1,540 round trips) were purchased this past year for 159 persons served.

FY07 Challenges & Opportunities for Improvement:

- Customer Satisfaction

There has been steady improvement in overall consumer satisfaction during the year; however, some areas of dissatisfaction exist, primarily with access to services and staff turnover. Medical Services continues to seek remedies for consumer feedback that states it takes too long to get an appointment with a doctor and that consumers want to see doctors more often and for a longer length of time. Other survey comments suggest changing the process for picking up medications and as in past years, decreasing the turnover of physicians.

Goal #4: Best Possible Consumer Outcomes.

FY06 Agency Accomplishments:

- Utilization management measures have been implemented successfully for most MH and SA programs. 83% of the programs met their Level of Care/Utilization criteria.
- In December 2005, a private group home provider decided to immediately close two group homes that served 10 people. Instead of having the state move the residents around the region, Service Coordination, MR Residential and CAI, Inc. put together a plan that arranged for a contract provider; transferred leases to the non profit; made emergency purchases; coordinated various repairs to meet licensure standards; and added the new sites to the agency's state license. The 10 residents were able to stay in their homes during a major holiday, and the residents, families and state and local staff were able to put a good transition plan in place for the consumers.
- Prevention received a NACo innovation award for "The Crash Fatality Referral Program", that is jointly operated with the Police Department.
- AES and Prevention received a NACo innovation award for the collaborative effort between the Mental Health Advisors and the Police Department's Hostage Negotiation Team.
- CAST collaborated with our local Court Services Unit (CSU) to develop specialized anger management services for CSU-referred youth.
- PRS provided long term rental assistance for 38 consumers and provided financial assistance to 90 consumers assisting them with rental payments, utility bills, and numerous other expenses to assist them with meeting their expenses when encountering unexpected costs.
- Developed the Intensive Community Treatment program in April, 2006.

- Strategic planning efforts between the CSB and Chesterfield schools has resulted in a project that is specifically focused on developing a therapeutic day treatment program for identified youth with serious emotional problems. The proposal will be completed early in FY07 and is designed to create a local, public school-based option to day treatment programming that integrates a flexible special education component with MH treatment and supports.

FY07 Challenges & Opportunities for Improvement:

- Best Practices

Our “recovery initiative” is in the early stages of installing recovery-oriented service enhancements. We have begun partnering with consumers in a variety of new ways, including: adding two consumers to the agency board of directors; assisting numerous consumers in obtaining training in personal recovery plans, in self-advocacy, and in service delivery to peers; and creating three employment slots for consumers and hiring our own consumers to deliver services. Future best practice initiatives will focus on three domains: recovery-oriented services; best practices for those with co-occurring disorders; and system of care advances in services to children.

- Utilization Management

Further work needs to be done to develop useful utilization management indicators for MR programs.

Goal #5: Strong Community & Stakeholder Support.

FY06 Agency Accomplishments:

- Sponsored a consumer, family and staff designed Chesterfield Recovery Conference in October, 2005 for over 175 individuals.
- Partnered with other Region IV CSBs in the development and implementation of the Crisis Stabilization Unit on the grounds of Central State Hospital in Petersburg.
- Partnered with other metro Richmond CSBs, Homeward and area homeless providers in designing a FY07 regional project to start a “Housing First Program”.
- Partnered with Senior Connections to update the Senior Navigator website in January, 2006.
- Continued to partner with Chesterfield County Public Schools in the development of integrated mental health and educational services.
- Continued to partner with Community Corrections in the day reporting program for citizens with co-occurring disorders.
- Began using “Mental Health Support Services” as the name for the organization’s provider system in September, 2005.

- Continued administrative oversight of Access Chesterfield Transportation program, managing increasing rider utilization and costs.

FY07 Challenges & Opportunities for Improvement:

- Community Relationships and Partners

The Public Education and Information Work Group completed its work in February, 2006 which included a situational analysis, an environmental scan, primary challenges, targeted markets, prioritized objectives, strategies for implementation, and final recommendations. The group recommended focusing further efforts on “informing and aligning stakeholders with the mission of the agency”. The group recommended dedicating a full-time position to implement this plan and recommended the development of a budget for FY07 to support an extensive list of activities.

Goal #6: Corporate Compliance/Risk Reduction.

FY06 Agency Accomplishments:

- The agency conducted its first Risk Assessment in August, 2005. Several areas for improvement were identified and the Risk Management Committee implemented corrective action plans for those areas.
- The Risk Management Committee conducted the second agency wide “Risk Management Training Week” during October 24-28, 2005. This week was devoted to training all staff on the Event Management Plan, Confidentiality/HIPAA, Emergency Preparedness, Infection Control, Bloodborne Pathogens, Universal Precautions, Dr. Eli and Fire Extinguisher/Hazard Communications. We will continue to hold this training annually in October.
- Monitoring and training efforts continue to pay dividends as there were no reports of fraud/theft over the past year.
- Workman’s Compensation claims were down 82% compared to FY05, and the agency did not have any lost work hours from Workman’s Compensation claims.
- 92% of Building Safety checks and Vehicle checks were completed on a monthly basis.
- 99% of drills were conducted according to schedule.
- Overall, agency vehicles traveled over 2,950,000 miles last year and accidents occurred on an average of once every 173,529 miles or less than 5% of the total miles driven.

FY07 Challenges & Opportunities for Improvement:

- Suicide Risk Documentation

There were 29 total sentinel events reviewed by the Peer Review Committee over the past year. Of the 29 reviewed, 14% had recommendations for improvement. The

majority of the recommendations centered around the need for better documentation of suicide risk. The clinical managers standardized this documentation on the agency progress note forms and trained all staff on the suicide risk protocol and documentation standards. There still is a need to reinforce suicide risk rating requirements as there continues to be rating inconsistencies among staff. In addition, a focus group of Community staff met to determine how the suicide risk protocol could be applied to Community programs. The work of this group is still in progress.

- HIPAA Conformance

There was 60% compliance with audited HIPAA standards over the past year. Privacy regulations have been addressed well this past year with policies, procedures, monitoring and training; however, physical security continues to be a challenge. Therefore, the monthly monitoring of physical security should continue. There was a special County training in June, 2006 for County departments who are business associates of our agency.

- Vehicle Damages

Damages to vehicles were up 40% compared to FY05. There continues to be a problem with staff backing up large vehicles. 15 Passenger van staff are encouraged to take the 15 passenger van training course at the County.

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FY06 Agency Scorecard

Agency Goal	Domains	Strategic Objectives	Measures	Target	YTD	Key
		Financial				
2	Financial	Increase Revenue Collections	Third party revenue compared to budgeted revenue	Within 97%	98%	
2	Financial	Decrease Expenditures (overspending)	Expenditures compared to budgeted expenditures	3%	1%	
2	Financial	Increase Staff Productivity	Productivity Rates	100%	75%	
2	Financial	Increase Resources Available to Provide Services	Demand Ratio	1.0	27%	
		Customer				
3	Customer Focus	Increase Customer Satisfaction	Satisfaction Rates	100%	86%	
	Customer Focus	" "	Resolution of Formal Complaints	100%	75%	
4	Service Quality	Increase Consumer Outcomes	Meeting Effectiveness Measures	100%	67%	
4	Service Quality	Providing Appropriate Services	% meeting Level of Care/Utilization criteria	75%	83%	
2	Financial	Increase Access to Services	Programs with no waiting lists	100%	33%	
		Internal Business Processes				
6	Risk/Corporate Compliance	Reduce Risks	% Conformance with audited HIPAA standards	100%	60%	
6	Risk/Corporate Compliance	" "	Average cost per fraud/theft event	\$0	\$0	
6	Risk/Corporate Compliance	" "	% of sentinel events where improvements were identified	0%	14%	
6	Risk/Corporate Compliance	" "	Number of Work's Comp. Injuries	0	22	
6	Risk/Corporate Compliance	" "	% of avoidable accidents	0%	50%	
		Learning & Growth				
1	HRM	Retain Staff	Turnover rates-Full Time	<2.3%	2.8%	
1	HRM	Retain Staff	Turnover rates-Part Time	6.6%	7.7%	
1	HRM	Increase Organizational Communication	Staff satisfaction rates	90%	81.9%	
1	HRM	Recruit Staff	Vacancy Cycle Time (8 weeks)	90%	90.2%	
1	HRM	Professional Development	% of staff professional development plans	100%	100%	

Key: = Exceeds Target = Progressing Steadily = Warrants Attention